Standards *for* Birth Centers

Revised 2016

AABC
AMERICAN ASSOCIATION OF BIRTH CENTERS

The Standards for Birth Centers were approved by the Board of Directors of the American Association of Birth Centers on March 30, 1985.

Revisions recommended by the Standards Committee were approved by the Board of Directors and the membership on:

April 4, 1987
September 18, 1992
October 1, 1995
September 27, 1998
September 24, 2000
September 21, 2003
October 7, 2007
October 6, 2012
September 28, 2013
August 1, 2016

American Association of Birth Centers
America's Birth Center Resource

3123 Gottschall Road, Perkiomenville, PA 18074
Tel. (215) 234-8068 Fax (215) 234-8829
www.BirthCenters.org

Table of Contents

Introduction 1

STANDARDS

Standard 1. Philosophy and Scope of Service 2

Standard 2. Planning, Governance and Administration 5

Standard 3. Human Resources 8

Standard 4. Facility, Equipment and Supplies 10

Standard 5. The Health Record 13

Standard 6. Research 15

Standard 7. Quality Evaluation and Improvement 16

Glossary of Terms 19

Introduction

The American Association of Birth Centers (AABC) sets national standards to provide a consistent and specific tool for measuring the quality of services provided to childbearing families in birth centers. Federal and state regulation, licensure, and national accreditation constitute branches of external evaluation of quality in birth centers. Licensing protects the public by monitoring compliance to codes, ordinances and a variety of regulations. Some states and municipalities are very specific and uniform in the level of requirements for safe operation, but others are nonspecific or vary in their requirements which may or may not be relevant to birth centers. The standards and attributes for national accreditation are uniformly applied in all localities, thereby eliminating state and local inconsistency. Meeting the standards of accreditation indicates to clients, states, health and liability insurance agencies, consulting providers, and hospitals that a birth center has met a high standard of evidence-based and widely recognized benchmarks for maternity care, neonatal care, business operations, and safety. A strong internal quality improvement program, in accordance with the standards, promotes success with external measurements of quality. Continuing accreditation demonstrates to consumers and other entities that best practices are being met and maintained by a birth center.

Standard 1. Philosophy and Scope of Services

STANDARD

The birth center is a place for childbirth where care is provided in the midwifery and wellness model. The birth center is freestanding or distinctly separate from acute care services within a hospital. While the practice of midwifery and the support of physiologic birth and newborn transition may occur in other settings, this is the exclusive model of care in a birth center. Birth centers are guided by principles of prevention, sensitivity, safety, appropriate medical intervention and cost-effectiveness.

The birth center respects and facilitates a woman's right to make informed choices about her health care and her baby's health care based on her values and beliefs. The woman's family, as she defines it, is welcome to participate in the pregnancy, birth, and the postpartum period.

Attributes required for compliance with Standard

A. PHYSICAL LOCATION

1. The birth center is a distinct and separate space based on its location, incorporating signage that identifies the birth center.

B. MODEL OF CARE

1. The model of care, as defined by the principles of midwifery, is to:
   a) Support birth as a normal life event
   b) Promote self-care, family engagement and the mother-baby dyad
   c) Respect the human dignity of each mother and each baby
   d) Respect cultural diversity
   e) Focus on education, health promotion and disease prevention

C. SERVICES PROVIDED

1. The birth center provides or demonstrates availability of a mother-centered range of services to meet the physical, emotional, socioeconomic, informational and medical needs of the individual client including, but not limited to:
   a) A shared decision-making process for all services related to pregnancy, birth and newborn care
   b) Orientation to the birth center and its model of care
   c) Written information on the established criteria for admission to, and continuation in, the birth center program of care that is appropriate for the demographics of the birth center's client population
   d) An established consultation, collaboration or referral system to meet the needs of a

mother or baby outside the scope of birth center practice in both emergency and non-emergency circumstances

e) Ongoing risk assessment with adherence to eligibility criteria that includes, but is not limited to:
    1) Compliance with regulatory restrictions on eligibility
    2) Gestational age limited to 36-42 weeks
    3) Singleton pregnancy
    4) Cephalic presentation
    5) No medical, obstetric, fetal and/or neonatal condition precluding a safe labor, birth and postpartum period in a birth center

f) Program of comprehensive perinatal care with evidence-based protocols

g) Laboratory services

h) 24-hour telephone consultation and provider availability to the clients of the birth center

i) Intrapartum care that promotes physiologic birth including, but not limited to:
    1) Supportive care during labor
    2) Minimization of stress-inducing stimuli
    3) Freedom of movement
    4) Oral intake as appropriate
    5) Availability of non-pharmacologic pain relief methods
    6) Regular and appropriate assessment of the mother and fetus throughout labor

j) Clients requiring intrapartum interventions not appropriate in a birth center should be transferred to the appropriate level of care in a timely manner. These include but are not limited to:
    1) Pharmacologic agents for cervical ripening, induction, and augmentation of labor
    2) Fetal monitoring beyond intermittent auscultation
    3) Regional spinal or epidural anesthesia
    4) Operative vaginal birth
    5) Cesarean birth

k) Family-centered postpartum and newborn care, with non-separation of the mother and baby for routine care

l) Coordination and/or provision of care and support during the immediate and early postpartum periods including, but not limited to:
    1) Maternal and newborn assessments and follow-up plans
    2) Current recommended newborn screenings
    3) Breastfeeding support and referral
    4) Screening for postpartum depression

5) Psychosocial assessment
6) Family planning services or referral

D. CLIENT RIGHTS

1. Be treated with respect, dignity and consideration.
2. Be assured of confidentiality.
3. Be informed of the benefits, risks and eligibility requirements for care.
4. Be informed of the services provided by the birth center and the services provided by contract, consultation and referral.
5. Be informed of the identity and qualifications of care providers, consultants and related services and institutions.
6. Have access to her medical record and all results of screening or diagnostic studies.
7. Participate in decisions relating to the plan for management of her care and all changes in that plan once established including referral or transfer to other practitioners or other levels of care.
8. Be provided with a written statement of fees for services and responsibilities for payment.
9. Be informed of the birth center's plan for provision of emergency and non-emergency care in the event of complications with mother or newborn.
10. Be informed of the client's rights with regard to participation in research or student education programs.
11. Be informed of the birth center's plan for hearing grievances.
12. Be informed of the liability insurance status of practitioners.

Standard 2. Planning, Governance and Administration

STANDARD

The birth center considers the needs of the childbearing community, including regulatory requirements and available resources, in developing services and programs.

The birth center is, or is part of, a legally constituted organization with a governing body that establishes policy, lines of responsibility and accountability. The governing body, either directly or by delegated authority to qualified individuals, is responsible for fiscal management and operation of the birth center.

The birth center is administered by the governing body according to the organization's mission, goals and policies in an ethical manner that provides a high quality of services while promoting financial sustainability.

Attributes required for compliance with Standard

A. PLANNING

1. The general geographical area served is defined.
2. Characteristics of the community served are considered periodically including:
    a) Availability of and access to maternal and newborn services including practitioners, hospital obstetrical and newborn services, midwifery services, family-centered maternity care programs, birth rooms/suites, clinics for vulnerable families, laboratory services, supplementary social and welfare services, childbirth education, lactation services and parent support programs
    b) The birth center's impact on the community and the needs of childbearing families for the purpose of program planning and development
    c) Changes in the population, environment, regulations, legislation, reimbursement, and their effect on the birth center's operation

B. GOVERNANCE

1. The birth center is, or is part of, a legally constituted organization in good standing.
2. The birth center is governed as an organization with its own governing body, or may be part of a larger healthcare organization, in which the birth center leadership has representation in order to maintain its standard of care and quality of services.
3. The birth center leadership includes midwives and engages in the following tasks, including but not limited to:
    a) Monitors daily operations of the birth center, including relevant aspects of administration, human resources, facility, equipment and supplies, clinical care and health records, and client experience

b) Regularly reviews finances and contributes to budget planning and implementation

c) Regularly reviews clinical guidelines and/or policies and procedures (refer to Standard 7) with clinical staff to assure adherence to current evidence

d) Implements a quality evaluation and improvement program with clear and consistent engagement by all staff (*refer to Standard 7*)

e) Establishes a mechanism for staff and clients to provide input to the leadership

4. The governing body meets regularly to execute responsibilities for the operation of the birth center and maintains a record demonstrating discussion and decisions. Governing body responsibilities, direct or delegated, include but are not limited to:

   a) Formulation of mission and a long-range plan for the birth center

   b) Development of organizational structure and/or bylaws which clearly delineate lines of authority and responsibility

   c) Appointment of a qualified administrator with authority, responsibility and accountability for birth center administration

   d) Appointment of a qualified clinical director with authority, responsibility and accountability for clinical services

   e) Approval of policies and procedures for the operation of the birth center

   f) Approval of a quality improvement program for the operation of the birth center and regular review of quality assurance and utilization data

   g) Monitor fiscal, legal and administrative management and accountability

   h) Approval of contractual agreements

   i) Approval of a conflict of interest policy

C. ADMINISTRATION

1. There is a plan for the operation of the birth center in the absence of the administrator and/or clinical director.
2. There are protocols for maintenance of equipment, building and grounds, as well as control of the use of the facility.
3. The birth center carries general liability insurance.
4. All written contracts, agreements, policies and procedures are reviewed annually and updated as needed.
5. There is orderly maintenance and secure storage of official documents of the birth center including network security.
6. The birth center complies with applicable local, state and federal regulations for protection of client privacy and safety.

7. Personnel policies and procedures are maintained (*refer to Standard 3*).
8. Contracts for student education or field experience are approved by the governing body or its designee.
9. There are agreements and/or written policies and procedures for collaboration with other agencies, institutions or individuals for services to clients including, but not limited to:
    a) Laboratory and diagnostic services
    b) Childbirth education/parent education support services
    c) Obstetric consultation services
    d) Pediatric consultation services
    e) Transport services
    f) Obstetric/newborn acute care in licensed hospitals
    g) Home health care services
10. Practice guidelines and protocols are provided to the consulting specialists and available to the hospital receiving transfers, upon request.
11. There is a plan for informing the community of the services of the birth center.
12. There is adherence to ethical billing practices.
13. There is evidence of adherence to generally accepted accounting principles and reporting is compliant with state and federal regulations.
14. There is a plan to ensure fiscal sustainability.
15. Capital expenditures, as may be required for the continued effective operation of the birth center, are anticipated.
16. Quality assurance and utilization data are collected, analyzed, reviewed by the governing body and included in planning (*refer to Standard 7*).

Standard 3. Human Resources

STANDARD

The birth center has a human resources program for hiring, credentialing and training staff to successfully support its services.

Attributes required for compliance with Standard

1. Professional staff provide evidence of the knowledge, training and skills required to provide the services offered by the birth center, including promoting physiologic birth and breastfeeding.
2. Professional staff are licensed to practice their profession in the jurisdiction of the birth center, where available.
3. Professional staff show evidence of malpractice insurance or demonstrate that clients are informed of the absence of coverage.
4. There are adequate numbers of skilled professional and support staff scheduled to be available to:
    a) Meet demands for services routinely provided
    b) Provide coverage during periods of high demand or emergency
    c) Assure client safety
    d) Promote and support physiologic birth
5. At each birth there shall be two staff currently trained in:
    a) Adult cardiopulmonary resuscitation equivalent to American Heart Association Class C basic life support
    b) Neonatal resuscitation endorsed by American Academy of Pediatrics/American Heart Association
6. Records are maintained for all employed, credentialed or contracted staff, trainees and volunteers participating in birth center care including as applicable:
    a) Qualifications
    b) Current licensure with independent verification
    c) Health screening
    d) Malpractice insurance coverage
    e) Disclosure of malpractice claims
    f) Evidence of peer review and may include letters of reference
    g) Evidence of current training in adult cardiopulmonary and neonatal resuscitation

7. The birth center performs annual written performance evaluations for all staff.
8. There are written personnel policies available to all personnel that include but are not limited to:
    a) Conditions of employment
    b) Respective obligations of employer and employee
    c) Benefits
    d) Affirmative action
    e) Grievance procedures
    f) Sexual harassment and workplace violence
    g) Non-discrimination
9. The birth center facilitates professional and non-professional staff development including, but not limited to:
    a) Orientation of all new staff to the services and programs
    b) Access to evidence-based resources
    c) In-service education programs to remain current in knowledge and skills
    d) Participation in training and continuing professional education programs
    e) Involvement in activities of professional organizations
    f) Routine, periodic maternal and newborn medical emergency drills
10. All birth center staff shall have documentation of immunization status for vaccine-preventable diseases in pregnancy.
11. Birth center personnel shall have training that meets state and federal law including, but not limited to OSHA, Patient Safety, HIPAA and CLIA regulations.

Standard 4. Facility, Equipment and Supplies

STANDARD

The birth center establishes and maintains a safe, home-like environment for healthy women and newborns with space for furnishings, equipment and supplies appropriate for comfortable accommodation for the number of families served and the personnel providing services.

Attributes required for compliance with Standard

A. FACILITY

1. Complies with regulations for licensure of birth centers if established for its jurisdiction.
2. Complies with applicable local, state and federal codes, regulations and ordinances for construction, fire prevention, public safety and access for birth centers.
3. Provides an entrance/exit, a waiting area and a bathroom to those who require accommodations for mobility.
4. Maintains a record of routine periodic inspections by health department, fire department, building inspectors and other officials concerned with public safety, as required by the birth center's local jurisdiction.
5. Provides instruction for all personnel on public safety and conducts at least semiannual emergency evacuation drills.
6. Prohibits smoking in the birth center.
7. Guards against environmental factors that may cause injury with particular attention to hazards to children.
8. Provides adequate heat, ventilation, emergency lighting, waste disposal and water supply.
9. Provides adequate administrative space for:
    a) Business operations
    b) Secure medical records storage
    c) Utility and work area
    d) Medical supplies storage
    e) Staff area
10. Provides appropriate space to provide the following services for women and families including, but not limited to:
    a) Waiting reception area/family room and play area for children
    b) Physical examination
    c) Bath and toilet facilities

d) Birth[1]

e) Emergency care of the woman and/or newborn

f) Access by emergency medical service personnel

11. Maintains adequate housekeeping and infection control.
12. Provides adequate trash storage and removal.
13. Provides adequate hand washing facilities for families and personnel.
14. Provides adequate biomedical waste handling and removal in compliance with local, state and federal regulations.
15. Has an appropriate disaster plan in place relevant to regional needs.
16. Has appropriate facility security measures for staff and families.

B. EQUIPMENT AND SUPPLIES

1. The birth center has readily accessible equipment and supplies, including medications, necessary to:
   a) Perform initial and ongoing assessment of the mother and fetus
   b) Provide care during birth, including repair of lacerations and management of uterine atony
   c) Perform evaluation and, if necessary, resuscitation of the newborn
   d) Perform screening and ongoing assessment of the newborn
   e) Provide oxygen supplementation for the mother or newborn as needed
   f) Establish and provide intravenous access and fluids as needed
2. There is a system to monitor all equipment, medications, intravenous fluids and supplies.
   a) All equipment is appropriately maintained and tested regularly.
   b) The inventory of supplies, intravenous fluids, and medications is sufficient to care for the number of women and families registered for care.
   c) Supplies such as needles, syringes and prescription pads are appropriately stored to avoid public access.
   d) Controlled medications are maintained in double-locked, secured cabinets with a written procedure for accountability.
   e) Used hazardous supplies, such as sharps and expired medications, are disposed of properly.

---

[1] AABC recommends the minimum size space for birth is 100 square feet, however, there is no evidence to support a minimal size of birthing space. (American Association of Birth Centers. "AABC Comment on Facilities Guidelines." Letter to Health Guidelines Revision Committee. 14 Oct. 2015. BirthCenters.org. American Association of Birth Centers, n.d. Web. 4 June 2016. <http://tinyurl.com/AABC-Comments-to-FGI>.)

f) Medication management is in compliance with state and federal regulations.

3. The birth center has properly maintained accessory equipment which includes but is not limited to:
   a) Conveniently placed telecommunication device
   b) Portable lighting including an emergency light source
   c) Kitchen equipment usually found in home for light refreshment
   d) Laundry equipment usually found in home or contracted laundry services

Standard 5. The Health Record

STANDARD

Health records of the birth center are legible, uniform, complete and accurate. Maternal and newborn information is readily accessible to the client and health care team and maintained in a system that provides for storage, retrieval, privacy and security that is compliant with state and federal standards.

Attributes required for compliance with Standard

1. The health record on each client is maintained and includes, but is not limited to, written documentation of:
    a) Demographic information and client identification
    b) Orientation to birth center care
    c) Evidence of shared decision-making including informed consent
    d) Complete medical history, including family history, sexual orientation, violence and abuse, nutrition, exercise, exposures, and occupational status
    e) Initial physical examination, laboratory tests and evaluation of risk status
    f) Appropriate consultation and referral of at-risk clients
    g) Ongoing prenatal examinations with evaluation of risk factors
    h) Instruction and education including: nutritional counseling, changes in pregnancy, self-care in pregnancy, orientation to the medical record system and the understanding of findings of examinations and laboratory tests, preparation for labor, preparation for early discharge, infant feeding and postpartum changes.
    i) History, risk assessment, focused physical examination and emotional status on admission to the center
    j) Ongoing assessment of maternal and fetal status after admission to care and during the intrapartum period in accordance with evidence-based standards
    k) Ongoing assessment of maternal coping during the intrapartum period
    l) Labor and birth summary
    m) Physical assessment of newborn including Apgar scores, gestational age, feeding, procedures and transition to extrauterine life
    n) Ongoing physical assessment of the mother and newborn during the postpartum period
    o) Ongoing emotional assessment of the mother during the postpartum period
    p) Ongoing assessment of breastfeeding or formula feeding

q) Discharge summary for mother and newborn that includes: follow-up plan for mother and baby, feeding status at discharge, newborn screenings consistent with national standards

r) Ongoing assessment of mother and newborn after discharge until final postpartum evaluation

s) Final postpartum evaluation of mother that includes counseling for family planning, referral for ongoing health issues, and screening for postpartum mental health issues

t) Consultations, referrals and transfers during all phases of care in the birth center

2. Birth center clients have access to their health information.
3. The birth center utilizes a transport record documenting information required for transfer to the acute care maternal and newborn hospital service.
4. There is a system in place for appropriate tracking of maternal and newborn screenings and diagnostic test(s) including documentation of results and follow-up.
5. There is a mechanism for providing the birth center with a current health record prior to and on admission in labor.
6. There is a mechanism for providing the health record of the mother and/or newborn to receiving provider and/or facility on referral or transfer to other levels of care.
7. Health information is protected to ensure confidentiality, retention and availability to practitioners on a 24-hour basis.
8. Disclosure of protected health information is in compliance with federal and state regulations.

Standard 6. Research

STANDARD

Research is conducted in an ethical manner that upholds research principles and protects the client's health, safety and right to privacy.

Attributes required for compliance with Standard

1. Protocols for conducting research are approved and/or waived by an accredited Institutional Review Board.
2. Research activities and protocols for conducting research are approved by the governing body of the birth center.
3. Any research that may be incompatible with the Standards for Birth Centers must be approved by the AABC Research Committee.
4. Any research-related activities within the birth center are appropriate to the expertise of staff and the resources of the birth center.
5. Birth center staff or practitioners who are involved in research are trained in the conduct of human subject research and the research protocol.
6. The client has the right to opt out of research and remain enrolled in the birth center's usual program of care.
7. Research activity is monitored and reported periodically to the governing board.
8. There is a plan for dissemination of research findings to AABC and relevant stakeholders.

Standard 7. Quality Evaluation and Improvement

STANDARD

The birth center has an effective program to evaluate and improve quality of services for childbearing women and newborns, the environment in which the care is provided, and all aspects of birth center operations.

Attributes required for compliance with Standard

A. EVALUATION OF QUALITY CARE

1. Policies, protocols and clinical practice guidelines are evaluated to ensure that they are consistent with current national standards and best available scientific evidence including, but not limited to:
    a) Ongoing prenatal risk assessment and birth center eligibility
    b) Comprehensive perinatal care consistent with the birth center model
    c) Intrapartum care including policies supporting physiologic labor and birth
    d) Neonatal care including assessment and resuscitation
    e) Postpartum care of mother and infant including feeding practices
    f) Identification of deviations from normal
    g) Management of complications at the birth center when appropriate
    h) An established mechanism for transfer to appropriate levels of care when client conditions warrant
2. The formulary and protocols for medications used at the birth center are consistent with national standards for maternity and neonatal care.
3. Chart reviews are performed regularly to review the management of care of individual clients during their course of care and to make recommendations for improving the plan for care.
4. Birth center conducts simulation drills to evaluate staff competency and appropriateness of policies and identifies areas for improvement.
5. There is an effective system for collection and analysis of data which includes, but is not limited to:
    a) Standardized review of sentinel events including, but not limited to:
        1) Neonatal Apgar <7 at 5 minutes
        2) Postpartum hemorrhage of >1000cc
        3) Birth weight <2500gm or >4500gm
        4) Shoulder dystocia

5) Emergent transfers of mother or newborn
6) Neonatal intensive care unit admissions
7) Maternal intensive care unit admissions
8) Maternal, fetal or neonatal mortality
9) Deviations from written protocols

b) Standardized review of all transfers of mothers and neonates to hospital care to evaluate the appropriateness of decision-making and quality of management of the transfer.

c) Collection and analysis of outcome data compared to national benchmarks including, but not limited to:
1) Antepartum attrition and referral rates
2) Pre-admission and post-admission intrapartum transfer rate
3) Spontaneous vaginal, operative vaginal, and cesarean birth rates including intrapartum transfers
4) Utilization rates for available methods of intrapartum pain management
5) Episiotomy, third and fourth degree laceration rates
6) Postpartum maternal and neonatal transfer rates
7) Maternal, fetal and neonatal mortality rates

d) Collection and analysis of utilization data including, but not limited to:
1) Orientation sessions
2) Childbirth-related educational programs
3) Time in birth center before and after birth
4) Home visits postpartum
5) Follow-up office visits postpartum
6) Follow-up office visits for newborn

e) Analysis of collected data regarding patient satisfaction with services provided

f) System reviews to identify issues that may impact quality of care including, but not limited to:
1) Health record system
2) Procedures for screening and diagnostic testing
3) Facility, equipment and supplies
4) Human resource programs
5) Billing and accounting practices

B. QUALITY IMPROVEMENT

1. There is an effective quality improvement program that utilizes root cause analysis in order to identify issues, develop corrective actions plans and monitor quality improvement.

2. Quality improvement plans are implemented to address issues identified and may include, but are not limited to:
    a) Administrative or supervisory action
    b) Continuing education or simulation
    c) Modification of policies and procedures
    d) Revision of risk criteria
    e) Revision of health record or other record forms
    f) Utilization of outside consultation and expertise
    g) Changes to facility, equipment or supplies
3. The quality improvement program includes re-evaluation to determine if the action taken has resolved the identified problem.
4. The birth center participates in a recognized national perinatal data registry which regularly reports on birth center outcomes to the public and stakeholder groups.

Glossary of Terms

CLIA (Standard 3) – Clinical Laboratory Improvement Amendments The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA). This includes waived tests in the outpatient setting. Examples include urine pregnancy tests, dipstick urinalysis, finger stick hematocrit or glucose.

Clinical Staff (Standard 1) – Any credentialed or employed individuals who perform tasks or have responsibilities related to clinical care in the birth center.

Comprehensive Perinatal Care (Standards 1 and 7) – Care for the mother and baby's physical, emotional and spiritual well-being, incorporating ancillary services (lab, radiology) education, and consultation or referral as indicated, including genetic counselling and screening. In addition to standard maternity services, women receive enhanced services in the areas of nutrition, psychosocial and health education.

Freestanding (Standard 1) – Independently located, separate

Governing Body (Standard 2) – A person or group of people who formulate the policy and direct the affairs of an organization in partnership with the managers.

HIPAA (Standard 3) – The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security and Breach Notification Rules

Home-Like (Standard 4) – A non-institutional environment that is welcoming and supportive which includes the basic amenities as found in a home.

Immediate and Early Postpartum Periods (Standard 1) – The immediate postpartum period covers the first 24 hours from birth. This period refers to the time just after childbirth, during which the infant's physiology adapts and the risks to the mother of postpartum hemorrhage and other significant morbidity are highest. Close direct or indirect supervision by a skilled attendant is required in this period so that any problems can be identified promptly and appropriate intervention or referral can take place. The early postpartum period covers from 24 hours until 7 days. (WHO Technical Consultation on Postpartum and Postnatal Care: Section 6.3)

Institutional Review Board (Standard 6) – An Institutional Review Board (IRB) is a committee established to review and approve research involving human subjects. The purpose of the IRB is to ensure that all human subject research be conducted in accordance with all federal, institutional, and ethical guidelines.

Level of Care (Standard 1) – Birth centers are the first level of care in the landmark 2015 consensus document "Levels of Maternal Care" published by the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine with collaboration with the American Association of Birth Centers and the Commission for the Accreditation of Birth Centers.

Midwifery and Wellness Model (Standard 1) – A general philosophical and clinical approach to care that includes:

Support for pregnancy and birth as a natural physiological process

Prevention of disease/promotion of health for the woman and newborn

Promotion of individual responsibility, shared decision-making and self-sufficiency

A holistic integrated approach to the delivery of health services

More resources: 1) Midwives Model of Care, 2) ACNM Philosophy of Care, 3) ICM Midwifery Scope of Practice

OSHA (Standard 3) – Occupational Safety and Health Administration

Patient Safety (Standard 3) – Patient safety is defined by the Institute of Medicine as "the prevention of harm to patients." Emphasis is placed on the system of care delivery that (1) prevents errors; (2) learns from the errors that do occur; and (3) is built on a culture of safety that involves health care professionals, organizations, and patients. (Patient Safety: Achieving a New Standard for Care) Patient safety regulations may vary from state to state.

Physiologic Birth (Standard 1) – A normal physiologic labor and birth is one that is powered by the innate human capacity of the woman and fetus. (For more information: "Supporting Healthy and Normal Physiologic Childbirth: A consensus statement by ACNM, MANA and NACPM"

Physiologic Newborn Transition (Standard 1) – The period in which the newborn transitions from intrauterine life to extrauterine life, supported by care that promotes successful adaptation such as spontaneous labor, delayed cord clamping, unlimited skin to skin contact with the mother, and the avoidance of routine separation of mother and newborn, suctioning or oxygen supplementation.

Quality Improvement Program (Standard 7) – Activities and programs intended to assure or improve the quality of care in either a defined medical setting or a program. The concept includes the assessment or evaluation of the quality of care; identification of problems or shortcomings in the delivery of care; designing activities to overcome these deficiencies; and follow-up monitoring to ensure effectiveness of corrective steps. (US National Library of Medicine)

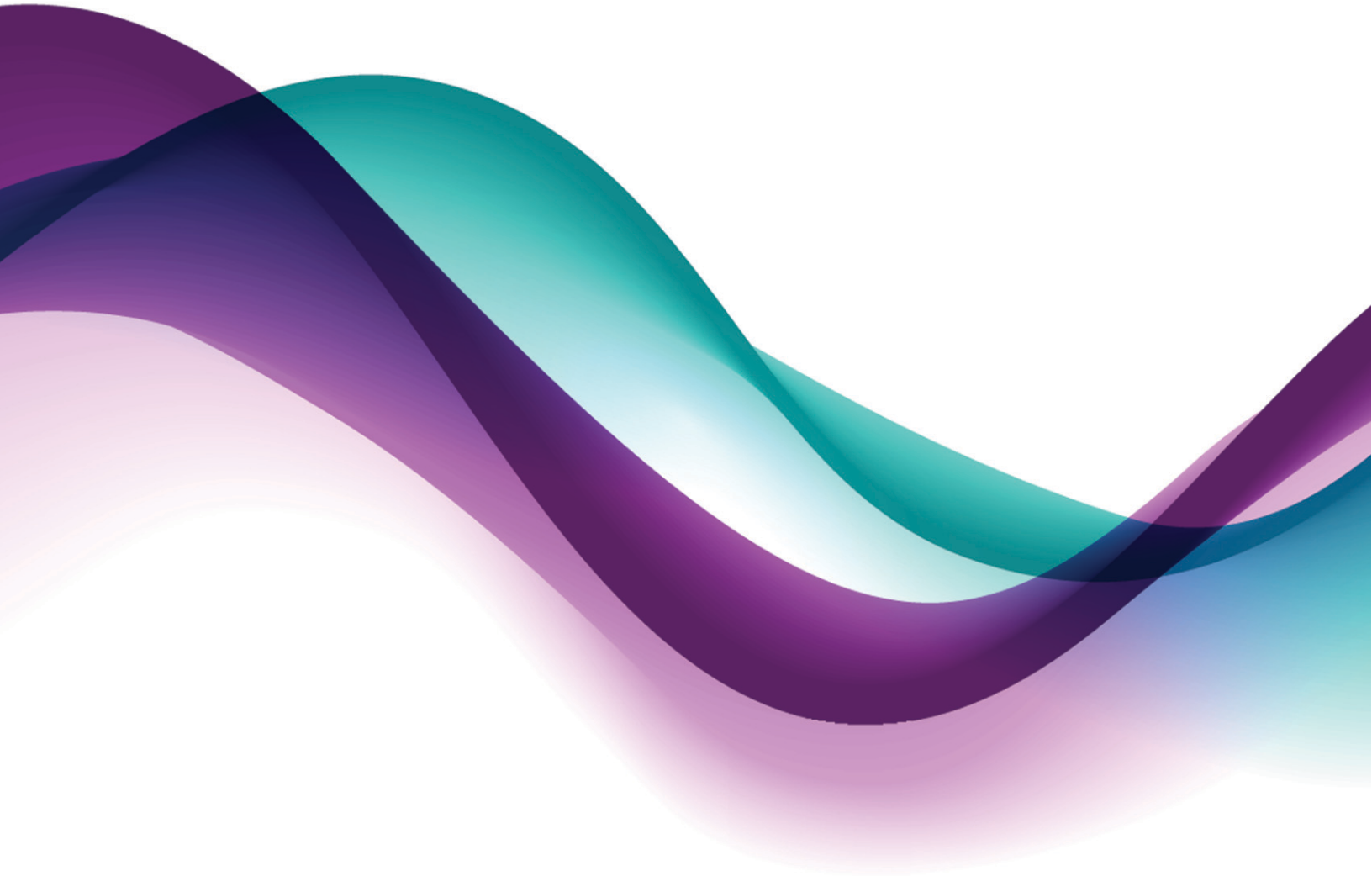
Research (Standard 6) – A systematic, intensive study intended to increase knowledge or understanding of the subject studied. Clinical research includes patient oriented research, epidemiological and behavioral studies, and outcomes and health services research. Internal quality improvement activities are generally not considered research. (http://grants.nih.gov/grants/policy/hs/glossary.htm)

Research Principles (Standard 6) – As formally outlined in federal guidelines, ethical research principles include: minimizing the risk of harm, obtaining informed consent, protecting anonymity and confidentiality, avoiding deceptive practices, and providing the right to withdraw. (HHS Regulations 45 CFR §46.111) Scientific research principles include appropriate study design and implementation, data collection and analysis, and dissemination of results. For further details please refer to NICHD

Root Cause Analysis (Standard 7) – A method of identifying the root causes of occurrences or problems. A factor is considered a root cause if its removal prevents the final undesirable event from recurring; whereas a causal factor is one that affects an event's outcome, but is not a root cause. Though removing a causal factor can benefit an outcome, it does not prevent its recurrence within certainty.

Shared Decision-Making (Standards 1 & 5) – Shared decision-making (SDM) is a collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences. (www.informedmedicaldecisions.org)

Staff (Standard 3)- Any personnel who perform a function of the birth center, including volunteers, students, employees, contracted employees, and privileged providers.



American Association of Birth Centers

BirthCenters.org | 866.54.BIRTH